

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS508HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2009
NAME OF PROVIDER OR SUPPLIER ALL CARE HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 MONTESSOURI STREET, #100 LAS VEGAS, NV 89117		
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H 00	<p>INITIAL COMMENTS</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The State License Survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>This Statement of Deficiencies was generated as the result of a State Licensure Survey conducted at your agency on January 26, 2009 through January 27, 2009. The State Licensure Survey was conducted in conjunction with the Medicare Recertification Survey.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H129 SS=C	<p>449.770 Governing Body; Bylaws</p> <p>4. The governing body is responsible for periodic administrative and professional evaluations of the agency. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to have an administrative review of the agency on a yearly basis.</p> <p>Findings include:</p> <p>On the afternoon of 1/27/09, the governing body minutes were requested from the agency staff. They were unable to locate minutes for the governing body that were more recent than the</p>	H129		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H129	Continued From page 1 meeting in 2006. The Director of Professional Services was unable to determine the location of the minutes after contacting the Administrator for assistance.	H129			
H130 SS=C	449.770 Governing Body; Bylaws 5. The governing body shall receive, review and take action on recommendations made by the evaluating groups and document those actions. This Regulation is not met as evidenced by: Based on review of documents and staff interview, the agency failed to provide review and action on the professional advisory groups recommendations. Findings include: On the afternoon of 1/27/09, the governing body minutes were requested from the agency staff. They were unable to locate minutes for the governing body that were more recent than the meeting in 2006. The Director of Professional Services was unable to determine the location of the minutes after contacting the Administrator for assistance.	H130			
H152 SS=C	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed;	H152			

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H152	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review it was determined that the agency failed to comply with NRS 449.179 for 11 of 13 employees.</p> <p>Findings include:</p> <p>The Nevada Revised Statutes, under chapter 449 requires the following:</p> <p>Nevada Revised Statutes 449.179 "Except as otherwise provided in subsection 2, within 10 days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p> <p>Employees #1, #2, #3, #4, #5, #7, #9, #11 and #12: During personnel file review the employees did not have a written statement in their personnel file stating whether he has been convicted of any crime as required in NRS 449.188. The most recently hired of these employees was Employee #3, with a date of hire of 6/06/08.</p> <p>NRS 449.179(3)</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p>	H152		

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H152	Continued From page 3 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. Employees 4, #7, #9 and #11: During personnel file review the employees did not have results of fingerprint background check as required by NRS 449.179(3).	H152			
H153 SS=B	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:	H153			

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H153	<p>Continued From page 4</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Based on record review it was determined that 3 of 13 employees did not have evidence of TB testing in accordance with NAC 441.A.</p> <p>Findings include:</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the</p>	H153		

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H153	<p>Continued From page 5</p> <p>guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Employee #6 had tuberculosis screening tests dated 3/17/06 and 2/29/08. The personnel record lacked documented evidence that there had been a test done in 2007.</p> <p>Employee #8 had one tuberculosis screening test dated 7/24/06. The personnel record lacked documented evidence that there had been a test done in 2007 or 2008.</p>	H153			

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H153	Continued From page 6 Employee #11's personnel file lacked any documentation of tuberculosis screening tests being done. Employee #12 had tuberculosis screening tests dated 2/20/05, 2/10/06 and 2/09/07. The personnel record lacked documented evidence that there had been a test done in 2008.	H153			
H175 SS=B	449.793 Evaluation by Governing Body 1. The governing body of an agency is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, and recommend additions or changes and ensure that the policies and regulations are being met. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to provide governing body over-site once a year for evaluation to audit, policies and procedures and recommendations to ensure that regulatory requirements are being met. Findings include: On the afternoon of 1/27/09, the governing body minutes were requested from the agency staff. They were unable to locate minutes for the governing body that were more recent than the meeting in 2006. The Director of Professional Services was unable to determine the location of the minutes after contacting the Administrator for assistance.	H175			

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H177	Continued From page 7	H177		
H177 SS=B	<p>449.793 Evaluation by Governing Body</p> <p>3. A committee shall review the management and office procedures of the agency to ascertain that:</p> <p>(a) The agency is being operated in the most effective and economical means while still giving quality service.</p> <p>(b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current.</p> <p>(c) Equipment is in good repair an adequately meets operational needs.</p> <p>This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency failed to provide for a review by the governing body of the agency's management and office procedures as required by regulation.</p> <p>Findings include:</p> <p>On the afternoon of 1/27/09, the governing body minutes were requested from the agency staff. They were unable to locate minutes for the governing body that were more recent than the meeting in 2006. The Director of Professional Services was unable to determine the location of the minutes after contacting the Administrator for assistance.</p> <p>The agency staff was then asked for the budget committee meeting minutes, or a copy of the current budget. They were unable to locate the items requested.</p>	H177		
H180 SS=B	<p>449.793 Evaluation by Governing Body</p> <p>6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during hte</p>	H180		

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H180	<p>Continued From page 8</p> <p>preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency failed to provide at least quarterly, a review of clinical records by appropriate health professionals, to determine whether established policies were followed in furnishing care to patients.</p> <p>Findings include:</p> <p>During review of the professional advisory group minutes for 2008, the record lacked documented evidence of quarterly review of clinical records for the year 2008. There were reports for the review of clinical records for 2007 only.</p> <p>During an interview with the Director of Professional Services on the afternoon of 1/26/09, she stated that she had not yet done any of the record reviews for 2008.</p>	H180			

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